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JUN 17 2005

FORM D

UNITED STATES

THOMSOSECURITIES AND EXCHANGE COMMISSION
FINANCIAL Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
DATERECEIV	ED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Torgo, Ltd. Private Placement of 7.50% Subordinated Notes	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
1) be or runnig. Will row runnig I runnigument.	Torgo, Ltd., a Texaslimited partnership
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (_ check if this is an amendment and name has changed, and indicate change.)	
Torgo, Ltd.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 3300 Trinity Meadows Drive, Midland, Texas 79707	Telephone Number (Including Area Code) (432) 694-9516
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) 415 W. Wall, Suite 2000, Midland, Texas 79701	(432) 685-0277
Brief Description of Business Torgo, Ltd. was formed for the specific	purpose of seeking to acquire
substantially all of the assets of OEL, Ltd., a Nevada cor	poration. OEL is engaged in the
business of providing proprietary technologies and related Type of Business Organization natural was processing industry.	engineering services to the
	olease specify):
business trust limited partnership, to be formed	RECEIVED
Month Year	
Actual or Estimated Date of Incorporation or Organization:	\langle JUN 1 4 2005 \rangle
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	190/59
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reportereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (5-05)

A. BASIC IDENTIFICATION D	ATA
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five ye	ears;
Each beneficial owner having the power to vote or dispose, or direct the vote or dispo	sition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general ar	nd managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	Finan Director F Common and/or
	Managing Partner
Meadows Acquisitions GP, LLC, a Texas limited lia Full Name (Last name first, if individual)	ability company
•	
3300 Trinity Meadows Drive, Midland, Texas 79707 Business or Residence Address (Number and Street, City, State, Zip Code)	
business of Residence Address (Rumber and Street, City, State, Zip Code)	
Check Box(es) that Apply: 又 Promoter 又 Beneficial Owner 文 Executive Of	Flicer Director General and/or
Check Box(es) that Apply:	fficer 🔯 Director 🔲 General and/or Managing Partner
Craig A. Campbell	
Full Name (Last name first, if individual)	
3300 Trinity Meadows Drive, Midland, Texas 79707	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Charle Bou(sa) that Analysis	SSI D D Constant
Check Box(es) that Apply: Promoter \(\overline{\chi} \) Beneficial Owner \(\overline{\chi} \) Executive Of	Managing Partner
Campbell Family Properties, Ltd., a Texas limited	partnership
Full Name (Last name first, if individual)	
1600 W. Cuthbert, Midland, Texas 79701	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	fficer Director General and/or Managing Partner
	17Idiagnig i artiici
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	fficer Director General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of	f this sheet, as necessary)

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
_	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No		
1.	Has the	issuer sold	a, or does tr			II, to non-a Appendix				_	,,		X
2.	What is	the minim	num investm									\$50,	000
٠.	What is	tije minim	ium mvesm	ione mae w	m be acce	pica nom i	my marvid		••••••	•••••••	••••••	Yes	No
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?		••••••	••••••				K)
4.	commis If a pers or states	sion or sim son to be lis s, list the na	tion request tilar remune sted is an ass ame of the b , you may so	ration for s ociated pe roker or de	colicitation rson or age caler. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	:	
		Last name	first, if indi	vidual)									
_	N/A	Residence	Address (N	umber and	Street Ci	ty State 7	'in Code)						
Du.	5111035 01	Residence	Addiess (14	unioer and	i Street, Cr	ity, State, 2	ip code)						
Na	me of As	sociated B	roker or Dea	aler									
Sta	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers					· .	
	(Check	"All State	s" or check	individual	States)			•••••	***************************************	•••••		☐ All	l States
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO	CT ME	DE	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	LA NM	NY	MD NC	ND	OH	OK	OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
 Ful	l Name (Last name	first, if indi	ividual)									
	N/A	Danidana	Address (N		1 54 6	Star Ctata	7:- C-4-)				_		
Bu	siness or	Residence	e Address (r	vumber an	a Street, C	ity, State, .	Zip Code)						
Na	me of As	sociated B	roker or De	aler							_		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				_		
	(Check	"All State	s" or check	individual	States)	•••••		••••		•••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Evi			first, if ind				<u> </u>		WA				
	n/A	Last Haine	mst, mma	ividuai)									
		Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·					
Na	me of As	sociated B	roker or De	aler							_		
Sta	tes in Wi	nich Persor	1 Listed Has	s Solicited	or Intends	to Solicit	Purchasers			· ·			
	(Check	"All State	s" or check	individual	States)					•••••		☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM ÜT	NY VT	NC VA	ND WA	OH)	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. Offering price, number of investors, expenses and use of proceeds $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right)$

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged." Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	4,400,000	\$4,400,000
	Equity		
	Common Preferred	<u> </u>	Ψ
	Convertible Securities (including warrants)		\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	3,300,000	\$ <u>3,300,000</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		.
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	21	\$ 5,500,000
	Non-accredited Investors	0	so
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		sN/A
	Printing and Engraving Costs		sN/A
	Legal Fees		\$ <u>30,000</u>
	Accounting Fees		\$N/A
	Engineering Fees		\$N/A
	Sales Commissions (specify finders' fees separately)		\$N/A
	Other Expenses (identify) Copying and other miscellaneousoffering	<u>X</u>	\$_1,000
	Total expenses	<u>F</u>	\$ 31,000

		E STATE SIGNATURE
1.		resently subject to any of the disqualification Yes No
	See	Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Form ed by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the s	suer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability ning that these conditions have been satisfied.
	ner has read this notification and knows the cont thorized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature Date
Torgo	, Ltd.	March June 8, 2005
Name (l	Print or Type)	Title (Print of Type) Manager of Meadows Acquisitions GP,
Craig	A. Campbell	LLC, the general partner of Torgo, Ltd.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intendation to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No	
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE										
DC										
FL										
GA										
HI										
ID							-			
IL										
IN										
IA										
KS										
KY							 			
LA										
ME										
MD										
MA										
MI										
MN										
MS										

APPENDIX 3 4 1 2 5 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price explanation of Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH NJ NM NY NC ND ОН OK OR PA RI SC SD TN Debt & TX21 5,500,00¢ Х Х Partnership Interests UT VT VA

WA

WV

WI

				APP	ENDIX					
1		2 I to sell	3 Type of security and aggregate		4					
!	to non-a	eccredited s in State -Item 1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										